

Magellan Complete Care's Maternity program

Pregnancy health management program

Magellan Complete Care has programs that support our prenatal members to improve pregnancy outcomes and infant health. These programs include but are not limited to; the Healthy Start program, Immunization programs and the Children's Medical Services program for children with special health care needs. We also offer referrals to the Special Supplemental Nutrition Program for Women, Infants, and Children. Our programs for pregnant women and infants promotes early prenatal care in an effort to decrease infant mortality, low birth weight as well as enhance healthy birth outcomes for members living with a serious mental illness.

Mother baby connections care program

The Mother Baby Connections Care program is designed to prevent and reduce pregnancy related complications along with problems that are associated with the pregnant member's mental illness condition and method of treatment.

The program's staff consists of registered nurses and licensed clinical social workers who specialize in maternity. Our case management activities include early identification of pregnant member, risk assessments, telephonic and written outreach, and appropriate interventions for members.

The American Congress of Obstetricians and Gynecologists (ACOG) promotes the highest standards of clinical practice, quality of health care for women, patient education and involvement in medical care, and public awareness of concerns that women face in health care. The Agency for Health Care Administration (AHCA) requires maternity providers to perform specific screenings and referrals for pregnant women. Magellan Complete Care supports ACOG guidelines and AHCA recommendations. For more information, please contact us at 1-800-327-8613.



Provider responsibilities:

It is imperative that participating providers contact us as soon as the member's pregnancy is confirmed. Faxing the member's first prenatal visit will serve as a notification of pregnancy and give authorization for global services. Their first prenatal visit clinical may be faxed to 1-888-656-4083 to the attention of: The Utilization Management Department's Prior Authorization Unit.

Steps to the healthy start prenatal screening:

Step 1	Complete the Florida's Healthy Start prenatal risk screening for each pregnant member as a part of her first prenatal visit. Note: Providers must use the Department of Health-approved Healthy Start (Prenatal) Risk Screening Instrument.
Step 2	Keep a copy of the completed screening instrument in the member's medical record and provide a copy to the member.
Step 3	Submit the Healthy Start (Prenatal) Risk Screening Instrument to the County Health Department (CHD) in the county where the prenatal screening was completed within ten (10) business days from the date that the screening was completed.

Pregnant members or infants who do not score high enough to be eligible for Healthy Start case management can still be referred for services, regardless of their score on the Healthy Start risk screen, in the following ways:

- If the referral is made at the same time that the Healthy Start risk screen is administered, the provider may indicate on the risk screening form that the member or infant is invited to participate based on factors other than their score.
- If the determination is made after the risk screening, based on the assessment of actual or potential high risk factors, such as the human immunodeficiency virus (HIV), Hepatitis B, substance abuse or domestic violence, the provider may refer the member or infant directly to the Healthy Start care coordinator.

Women, infants, and children (WIC) referrals:

Providers must:

- Refer all infants, children under the age of five (5), as well as pregnant, breast-feeding and postpartum women to the local WIC (Women, Infants and Children) office.
- Provide a completed Florida WIC program medical referral form with the member's current height or length and weight (taken within sixty (60) calendar days of the WIC appointment).
- Provide Hemoglobin or hematocrit level results; and any identified information regarding medical/nutritional problems.

For subsequent WIC certifications:

- Providers will coordinate with the local WIC office to provide the above referral data from the most recent Child Health Check-Up (CHCUP).

- Each time the provider completes a WIC referral form; the provider gives a copy of the form to the member and keeps a copy in the member's medical record.

HIV testing and counseling:

Providers must:

- Offer all women of childbearing age HIV testing and counseling at their initial prenatal care visit. Providers must also offer these services at twenty-eight (28) and thirty-two (32) weeks of gestation.
- Obtain a signed objection if a pregnant woman declines an HIV test.

Note: Pregnant women who are infected with HIV must be counseled and offered the latest antiretroviral regimen, recommended by the U.S. Department of Health & Human Services. They must also be co-managed with a perinatologist and/or an infectious disease specialist.

Hepatitis B testing and management:

Provider must:

- Screen all pregnant members for the Hepatitis B surface antigen (HBsAg) during their first prenatal visit.
- Perform a second HBsAg test between twenty-eight (28) and thirty-two (32) weeks of gestation.
Note: This is required for all pregnant members who tested negative at their first prenatal visit and are considered high-risk for contracting Hepatitis B. This test will be performed at the same time that other routine prenatal screenings are ordered.

Please Note: All HBsAg-positive women will be reported to the local CHD and to Healthy Start, regardless of their Healthy Start screening score.

Infants born to HbsAG-positive mother:

Infants born to HBsAg-positive members should receive the Hepatitis B immune globulin (HBIG) and the Hepatitis B vaccine once they are physiologically stable (preferably within twelve (12) hours of birth). They must also complete the Hepatitis B vaccine series according to the vaccine schedule established by the Recommended Childhood Immunization Schedule for the United States.

Providers must also:

- Test infants born to HBsAg-positive enrollees for HBsAg and Hepatitis B surface antibodies (anti-HBs) six (6) months after the completion of the vaccine series to monitor the success or failure of the therapy.
- Report a positive HBsAg result in any child at the age of twenty-four (24) months or less within twenty-four (24) hours of receipt of the positive test results to the local CHD.
- Providers will report all prenatal or postpartum members who test HBsAg-positive to the Perinatal Hepatitis B Prevention Coordinator at the local CHD. The report includes the following information – name, date of birth, race, ethnicity, address, infants, contacts, laboratory test performed, date the sample was collected, the due date or estimated date of confinement, whether the enrollee received prenatal care, and immunization dates for infants and contacts.

- Use the Practitioner Disease Report Form (DH Form 2136) for reporting purposes.
- Maintain all documentations of Healthy Start screenings, assessments, findings and referrals in the member's medical records.

Note: Infants born to members who are HBsAg-positive are to be referred to Healthy Start regardless of their Healthy Start screening score.

Prenatal care

Providers must:

- Require a pregnancy test and nursing assessment with referrals to a physician, physician's assistant or Advanced Registered Nurse Practitioner for a comprehensive evaluation.
Note: Be sure to refer the member to any necessary identified services.
- Require care coordination/case management through the gestational period according to the needs of the member.
- Schedule return prenatal visits at least every four (4) weeks until week thirty-two (32), every two (2) weeks until week thirty-six (36), and every week thereafter until delivery, unless the member's condition requires more frequent visits.
- Contact members who do not to keep up with their prenatal appointments as soon as possible, and arrange for their continued prenatal care.
- Assist members with making delivery arrangements, if necessary.
- Screen all pregnant enrollees for tobacco use and make sure that smoking cessation counseling and appropriate treatment are available to pregnant members if needed.

Nutritional assessment and counseling:

Providers must:

- Supply a nutritional assessment and counseling to all pregnant members.
- Ensure safe and adequate nutrition for infants by promoting breast-feeding and the use of breast milk substitutes.
- Offer a mid-level nutrition assessment.
- Provide individualized diet counseling and a nutrition care plan from a public health nutritionist, nurse or physician, after the nutrition assessment has been completed.
- Keep all documentations of the nutrition care plan in the member's medical record given by the person who is providing the individualized diet counseling.

Obstetrical delivery:

Providers must:

- Use general accepted and approved protocols for low-risk and high-risk deliveries that reflect the highest standards of the medical profession; including Healthy Start and prenatal screening.
- Document preterm delivery risk assessments in the enrollee's medical record by week twenty-eight (28).

Note: If the provider determines that the members' pregnancy is high risk, obstetrical care during labor and delivery includes preparation from all attendants for symptomatic evaluation to ensure that the member progresses through the final stages of labor and immediate postpartum care.

Delivering hospital responsibilities:

Florida hospitals electronically file the Florida Healthy Start Infant (Postnatal) Risk Screening Instrument and the Certificate of Live Birth with the CHD in the county where the infant was born within five (5) business days of the birth.

If the provider's office is a birthing facility that does not participate in the DOH electronic birth registration system, the provider must file the required birth information with the CHD within five (5) business days of the birth. Providers must keep a copy of the completed Healthy Start (Postnatal) Risk Screening in the member's medical record and mail a copy to the member.

Newborn care:

Providers must provide the highest level of care for newborns beginning immediately after birth. This level of care should include, but is not limited to, the following:

- Installing prophylactic eye medication into each eye of the newborn.
- Securing a cord blood sample for type Rh determination and the direct Coombs test when the mother is Rh negative.
- Weighing and measuring the newborn.
- Inspecting the newborn for abnormalities and/or complications.
- Administering one half (.5) milligrams of vitamin k.
- Provide American Pediatric Gross Assessment Record (APGAR) scoring.
- Provide referrals for any other necessary and immediate need of consultation from a specialty physician, such as the Healthy Start (postnatal) infant screen.

Note: Newborn screening services must be performed in accordance with s. 383.14, F.S., which outlines the required laboratory screening process to test for metabolic, hereditary and congenital disorders that are known to result in significant health or intellect impairment outcomes. These required laboratory tests must be processed through the State Public Health Laboratory.

Postpartum care:

Providers must:

- Provide a postpartum examination for enrollees within 56 days after delivery.
- Provide voluntary family planning which includes; discussions on all appropriate methods of contraception when there are no medical contraindications present, counseling and services for family planning to all women and their partners.
- Maintain documentation in the member's medical records to reflect the provision mentioned above.
- Ensure that continuing care for the newborn is provided through the Child Health Check-Up (CHCUP) program and is documented in the child's medical record.

Magellan Complete Care supports the 2017 Florida Best Practice Recommendations for Women of Reproductive Age with Serious Mental Illness and Comorbid Substance Use Disorders (2017). We also support The University of South Florida and Florida Medicaid Drug Therapy Management Program, sponsored by the Florida Agency for Health Care Administration (AHCA).

The recommendations listed below were compiled by Vanita Sahasranaman, M.D., Thea Moore, PharmD, and the Florida Medicaid Drug Therapy Management Program at the University of South Florida. They cover a range of conditions that providers may encounter in their clinical practice including: alcohol use disorder, opioid use disorder, disorders of other drugs of abuse, and comorbid serious mental illness and substance use.

- Basic principles of best practice
- Pre-screening and screening tools
- DSM-5 diagnostic criteria
- Collaborative integrative care recommendations
- Evidence-based psychosocial interventions
- Breastfeeding and substance use
- Managing substance withdrawal during pregnancy
- Fetal and infant outcomes of maternal substance use
- Medication assisted treatment (MAT) during pregnancy
- Methadone versus buprenorphine; current science
- Reproductive health planning with focus on long-acting contraceptives
- Screening algorithms and intervention models

To get access and learn more about the Florida Medicaid best practice guidelines and resources, please visit the program's website at www.medicaidmentalhealth.org.